

Testimony of
Connecticut Society of Eye Physicians
Connecticut ENT Society
Connecticut Urology Society
The Connecticut Dermatology and Dermatologic Surgery Society
OPPOSING
RB 6391, AN ACT CONCERNING THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES
Public Health Committee March 20, 2013

Presented by
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Good Day Senator Gerratana, Representative Johnson and other distinguished members of the Public Health Committee. My name is Dr. Stephen Zuckerman and I am a board certified Ophthalmologist practicing in Danbury, Connecticut, and executive board member of the Connecticut Society of Eye Physicians. I am here with my colleagues Dr. Steve Levine and Dr. Frank Castiglione to oppose R.B. 6391, AN ACT CONCERNING THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES on behalf of over 1000 physicians in the specialties of Ophthalmology, Ear Nose and Throat, Dermatology, and Urology, as well as our patients.

I want to thank this Committee for the thoughtful work you perform in the vital and complex area of healthcare for the citizens of Connecticut. While we are appreciative and respectful of the contributions Advanced Practice Registered Nurses (APRNs) make to health care, we must oppose their request that removes the requirement for a collaborative arrangement with a physician, but "allows" collaboration with physicians and "other licensed health care providers".

In recent years, APRNs in Connecticut gained the ability to provide health services independently, in collaboration with a physician. Since that time, they have repeatedly asked this body to remove the requirement of collaboration, each time without success. This is precisely the reason the Connecticut Legislature instituted a scope review committee process under the auspices of the Department of Public Health. Connecticut physicians appreciate the hard work that went into enacting Public Act 11-209, authorizing Scope of Practice Review Committees. This thoughtful law has created a process administered by the DPH that carefully examines scope expansion requests in the full light of their potential impact on the citizens of the state of Connecticut. The APRNs did seek a review by a DPH scope committee late in 2012, but the DPH chose to review other requests, and the APRNs had the current legislation raised. There is little doubt many groups believe repeatedly seeking scope of practice expansion leads to incremental increases.

Some states do allow APRNs to practice without collaboration with a physician, but Connecticut is a small state - roughly 60 miles north to south and 80 miles east to west. The services provided by APRNs in more rural areas of this country are of necessity more independent, but no one in Connecticut - APRN or patient - lives very far from a multitude of physicians, so the requirement for a collaborative arrangement should not be onerous. The Connecticut State Medical Society recent studied this issue and found no shortage of physicians willing to collaborate with APRNs. In fact, CSMS proactively set up APRN Assist, an exchange to match APRNs seeking collaborative arrangements with a physician, but this service has been used rarely, and sometimes arrangements were not made for reasons that had nothing to do with geography or availability, including private agendas on the part of both APRNs and MDs.

The requirement for a collaborative arrangement is a safety net; although APRNs are well trained they are not physicians and their training is not equivalent. We are concerned that the managed care industry does not place enough emphasis on ensuring the highest level of medical training for individuals who care for our citizens. There is already considerable confusion on the part of the public regarding exactly "who is who" in health care, and removal of the requirement for collaboration with a physician will only serve to further obscure the truth. Advanced Practice Registered Nurses, who until a few years ago had to work under the direct supervision of medical doctor, have very different levels of training from physicians and we should not blur this distinction in the public's eye, nor diminish each profession's role. APRNs do not have admitting privileges in hospitals and do not take emergency call. This could leave a serious gap in coverage and care for Connecticut citizens who do not understand the differences.

There is another consideration. The trend in health care is a team approach with care integrated to the greatest extent possible. The system functions best when multiple team roles are coordinated, and patients are free to select the provider that best matches their needs. It is vital to patient safety and efficiency that physicians with the highest level of training are able to coordinate this care appropriately. In addition, a significant change in healthcare is beginning to be felt. The implementation of the Patient Protection and Affordable Care Act (ACA) encourages the establishment of Accountable Care Organizations (ACOs) as a model for physician and provider integration, as well as other models of medical care that encourage and support greater cooperation and collaboration amongst and between physicians and other providers who work in different areas. In short, the goal is more collaboration, not less.

The irony is that although the goals of the ACA are cost containment and expansion of coverage, experts are warning that premiums will likely skyrocket. It should be noted that we often see a pattern when a group seeks to expand its scope of practice:

- Step one: We only want to be able to do the things we are trained to do - this will expand availability of affordable health care for all. Of course we will work under the guidance of physicians – this is all we want.
- Step two: We really don't need physicians looking over our shoulders - if we can practice independently it will expand health care choices and we are lower cost providers.
- Step three: Since we really provide the same services as physicians – there is no reason we should be paid less

In closing, I ask: for whose benefit this act is being raised? Is it truly in the best interests of high quality health care for Connecticut's Citizens, or is it another attempt to expand scope of practice that promotes the interests of one group? I believe the answer is clear.

Thank you for your attention.